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Cambridgeshire County Council.

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDING 31st DECEMBER, 1935

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Introduction.

At the end of 1935 there were 124 Public Elementary Schools under the control of the County Education Committee (55 Provided and 69 Non-Provided), comprising 125 separate departments. The average number of children on the school registers for the year ended March 31st, 1935, was 9,053, the average number in attendance being 8,232.

Staff.

Services in connection with school medical work were rendered by the following:—

*Frank Robinson, M.D., D.P.H., *School Medical Officer* and *Medical Officer of Health* (to March 31st, 1935). Also *Acting School Medical Inspector* (from July 16th to end of year).
*R. French, M.D., D.P.H., *School Medical Officer* and *Medical Officer of Health* (from April 1st, 1935).
*Jessie H. Gellatly, M.D., D.P.H., *Assistant do.* (Deceased, June 30th, 1935.)
*W. Paton Philip, *M.C.*, M.B., D.P.H., D.M.R.E., *Tuberculosis Officer.*
*J. C. G. Evered, L.D.S. (Edin.), *School Dental Surgeon.*
W. H. Harvey, M.D., *Bacteriologist.*
J. C. W. Graham, M.D., *Ophthalmic Surgeon.*
E. H. Ezard, M.D., D.Sc., *Ophthalmic Referee.*
Miss A. Graham, *Superintendent of County Nursing Association.*
*G. G. Galpin, *Chief Clerk and Enquiry Officer under the Mental Deficiency Acts.*

* Whole-time Officers of the County Council.

Co-ordination.

As set out in previous reports the elementary education and Maternity and Child Welfare areas coincide and comprise the whole Administrative County outside the autonomous Borough of Cambridge. It consists entirely of rural parishes. Both services are administered from the County Public Health Department and the same Nurses are employed for both purposes. The reports on the pre-school child are a basis for the remedy of defects through the Maternity and Child Welfare scheme before entry to school life, and the records are systematically transferred to the schools. The pre-school remedial measures include orthopaedic treatment and the remedy of refractive errors. Co-ordination is also secured in dealing with the mentally defective child as the School Medical Officer is also the Council's medical adviser under the Mental Deficiency Acts, and as he is also Chief Administrative Tuberculosis Officer the co-operation secured through the Dispensary organisation is intimate and valuable.

Hygienic Condition of Premises.

The hygienic condition of the school buildings is constantly under consideration and the state of the schools is gradually being brought up to the requirements of modern standards in this respect. There are, however, still a few schools where there is room for improvement, particularly as regards lighting and heating.

During the year the Buildings Sub-Committee have had many details regarding school hygiene and sanitation before them, including water supply, sanitary accommodation, lighting and heating.

It has resolved that the well shall be deepened and the suction pipe extended at Kennett School and that the necessary tank and extension of pipes shall be installed at Foxton School in connection with the offer of the University Tutorial Press to supply water to the school free of charge. It has also been decided to lay on water from the main to part of Soham Infants' School which is at present supplied by other means.

The number of wash basins is to be increased at Dullingham School and it has been decided that the existing offices and cloak-rooms at Fulbourn Council School shall be demolished and rebuilt in other situations.

New low windows are also to be provided at Fulbourn Council School and windows are being replaced by more modern ones at Chippenham and Thriplow, while the cutting down of some trees and the lopping of others will improve the lighting at Stapleford. The installation of electric light at Bassingbourn and Soham Junior Girls' Schools has been approved.

At Great Abington a flat ceiling has been provided in the infants' class-room to obviate the heat wastage involved by the high roof.

The system of Village Colleges gradually being developed throughout the County will, of course, involve a very great improvement in the general conditions under which many of the children of the area will be taught.

Medical Inspection.

The arrangements for inspection of children in the three prescribed age-groups and for annual re-inspection have continued unaltered during the year. For the first six months the actual examinations were carried out by the late Dr. Gellatly, who was Assistant School Medical Officer and who was approved by the Board of Education for the certification of exceptional children (blind and deaf, etc.). After a brief interval following the County's tragic loss of her services, Dr. Robinson very kindly stepped into the breach and carried on beyond the end of the year.

The numbers examined will be found in Table 1. appended to this report, the principal totals being:—

Routine examinations	2.695
Specially presented	201
Re-examinations	5.273

There is little significant change in these numbers from those of the previous year, but it may be said that the definite drop in the number of special examinations might lead one to hope that preventive measures are having their effect and that defects are treated before becoming so obvious to the teaching staff as to require special presentation. It is a decidedly lower number than any in the previous five years. While it is not desired to discourage special presentations, but rather the reverse, it should be pointed out that a large number of unexpected special presentations does tend to upset the smooth working of the routine arrangements. An effort is now being made to meet this difficulty by asking Head Teachers to submit a list of those children it is proposed to bring forward for special examination so far as they are known before the actual date of the visit to the school.

Although this year the number of entrants examined is much lower than the number of intermediates, even that number is not so low as the number of leavers. It would therefore seem that the falling birth rate is not the only factor influencing the state of affairs. The numbers are:—Entrants 878, intermediates 969, and leavers 848.

Findings of Medical Inspection.—The defects disclosed are set out in the Board's Tables IIa. and IIb. appended to this report. The following items call for special comment.

Malnutrition.—It will be noted that the nutritional state of the children inspected is set out in a separate table and the classification adopted renders difficult comparison with the figures of previous years. Taking columns A and B to represent the normal nutrition of previous years and columns C and D the subnormal, the figures may be grouped as follows:—2,581 children fall into the normal group and 247 children into the subnormal, giving percentages of 91.27 children of normal nutrition and 8.73 of subnormal nutrition. This proportion of 8.73 is a considerable rise over the figure for 1934, the first of any magnitude which has taken place for a number of years. It is slightly above the average, 8.66, for the previous five years. In view of the steadily improving conditions this is somewhat surprising, but it may be accounted for in several ways. In the first place, as has been said, the method of classification is different and the existence of Group C for cases of slightly subnormal nutrition may have encouraged the placing of a number of cases on the wrong side of the border line which in previous years would have secured a place on the other side. In support of this, the extraordinarily small percentage of cases whose nutrition is actually labelled bad (0.28) may be noted with satisfaction. Secondly, it should be realised that the assessment of nutrition is a somewhat arbitrary business. There are no hard and fast rules by which a child may be labelled as of good or bad nutrition and the judgment of the examining officer plays by far the largest part. The increasing attention given to nutrition of recent years may have created a tendency to the placing of cases in the slightly subnormal group and, when to this is added the fact that this is the first year for a long time in which more than one examining officer has been concerned, the apparent rise in the numbers may seem less surprising and less significant than might appear on superficial examination.

During the year there has been a steady increase both in the number of schools with milk schemes and in the number of children taking the milk. There has also been a small increase in the number of children receiving free milk. This is bound to be reflected in an improved state of nutrition of the children concerned, but it is as yet too early to assess its extent.

Uncleanliness.—There were 68 (routine 59, special 9) children found by the Assistant School Medical Officer to have nitty or verminous heads, as compared with 69 in the previous year. Of the 68, 22 required immediate remedy, as compared with 28 in 1934, and 46 were noted for observation only. The percentages of unclean children based on routine examination only have been:—

	1931.	1932.	1933.	1934.	1935.
Total found unclean (all degrees)	2.4	2.3	2.3	1.9	2.1
Requiring treatment ...	1.1	0.9	1.1	1.4	0.8

From these figures, apart from the marked improvement in 1934 as compared with 1933, it would seem that a fairly level figure of about 2 per cent. obtains for uncleanliness of the head. This is not a high figure, but it does strike one as regrettable that this wholly preventable condition cannot be swept completely out of the schools. While this may be a standard of perfection not immediately attainable, it is a question whether more could not be done. This will be discussed further when an account is given of the treatment of the condition. The 112 children noted at routine inspection to have uncleanly bodies were in the proportion of 4.0 per cent., compared with 4.4 per cent. in 1934 The term uncleanliness as applied to the body must not, of course, be read as synonymous with the term verminous.

Visual Defects.—The figures for refractive errors, including cases of squint, for the past five years are as follows:—

	1931.	1932.	1933.	1934.	1935.
Referred for treatment:					
Routine	59	67	64	84	70
Specially presented ...	24	19	20	27	15
For Observation:					
Routine	152	176	184	165	138
Specially presented ...	7	12	23	36	11

The numbers for 1935 show a very considerable all-round decrease as compared with the previous year, but looking at the figures as a whole, it cannot be said that there is any really significant change to be recorded. The cases of external eye disease fall into the usual groups and call for no comment. There have been no extensive outbreaks of conjunctivitis during the year.

Nose and Throat Defects.—Only one child was diagnosed as suffering from adenoids as apart from any other condition of the nose and throat. This is scarcely surprising, as an exact diagnosis of adenoids is very difficult to make under the conditions obtaining at school medical inspections. The correct diagnosis in most cases suspected of adenoids would be nasal obstruction, the precise cause being undertermined. Eleven other cases were thought to be of adenoids in conjunction with chronic tonsillitis, giving a total number of cases of chronic tonsillitis of 141. The percentage of cases based on routine inspections was 4.6, against 3.4 in 1934 and 4.5 in 1933. Only fourteen routine and special cases in this group (including the case of adenoids only) were, however, recorded as actually requiring treatment, the great majority needing observation only. The number of " other conditions " requiring treatment was proportionally much greater and no doubt included many of the cases of nasal obstruction not diagnosed as due to any particular cause.

Dental Defects.—These are dealt with in the report of the School Dentist which is appended and in Table V.

Orthopaedic and Postural Defects.—A total of 42 cases of deformity was discovered, including two special cases. Exactly one-half of the number was thought to be due to rickets. This is a large increase over the number noted in the previous year, when only one case of ricketty deformity was recorded, but it cannot be said that the total in itself is large and the extent of the deformity is not stated, so that many of the cases were probably slight. One of the most surprising features of the figures in this group is the complete absence of cases of spinal curvature, and this may well be due to the increased interest taken in physical exercises and the improvement in method resulting from the appointment of Physical Training Organisers. At the same time, it is probable that complete absence should be taken to indicate absence of gross curvature only, since it seems questionable whether every single child examined can have had a spine completely free from even minor degrees of lateral curvature. Only two cases of tuberculosis of bones and joints were found amongst the routine inspections, and one child was sent to an orthopaedic institution by the Tuberculosis Officer during the year.

Heart Disease and Rheumatism.—Again the number of cases of organic heart disease noted was small, only two cases being discovered, and these required observation and not treatment. Twenty-four cases of functional heart disease were found, but the term functional heart disease is largely contradictory. The signs, though simulating those of heart disease, really indicate quite a different type of disease which has not its origin in the heart at all. So far as the heart is concerned, the condition is of minor importance.

Tuberculosis.—No cases of the pulmonary form of the disease were discovered at school medical inspection and only six cases of other forms, four of which were glandular. As was pointed out in the report for 1934, the number of cases steadily declines, but it should be realised that there has been a definite re-orientation of ideas concerning the pulmonary form in children of recent years. Whereas it used to be the practice to look for signs resembling those found in the pulmonary form of the disease in adults and to interpret them as evidence of tuberculosis when found, it is now known that only a very small proportion of tuberculous children present such signs, and that, when they do, they are usually much too ill to be present at school medical inspection. Pulmonary tuberculosis as it exists in children cannot be detected by the ordinary methods of medical inspection, though it may of course be suspected, and the signs which were at one time thought diagnostic of it usually point to some other condition, most commonly bronchiectasis. This is not to say that they are not of serious import, but their significance is none the less quite different. The result of all this is that there is a large apparent decrease in the incidence of the disease in children as well as the actual decrease which has no doubt run parallel to that in adults. The decrease in non-pulmonary tuberculosis may be accepted in great measure at its face value. Two children were at certified special schools suffering from the pulmonary form of the disease and six suffering from the non-pulmonary form. Six cases of arrested pulmonary disease and fifteen of non-pulmonary disease were at ordinary elementary schools and two cases of non-pulmonary disease were not at any school.

Diseases of the Skin.—The following figures show the incidence of the principal contagious skin diseases:—

	Discovered at Routine Inspections.	Notified by Teachers or Nurses.	Total.
Ringworm of the scalp	—	4	4
Ringworm of the body	4	15	19
Scabies	—	2	2
Impetigo	14	89	103

Again the number of cases of ringworm is small, the total number being a decrease on that of 1934, though the number of cases of ringworm of the head is somewhat more. With such small figures, however, slight variations from year to year are of little significance. The number of cases of impetigo shews a gratifying decline on the figure for the previous two years (134 in each year), but nevertheless, many of the cases have been of long duration and have accounted for a great deal of absence from school. This is all the more regrettable, not only because the disease is largely preventable, but also because it is by far the most easily cured of the contagious skin diseases if vigorously treated. Unfortunately the type of parent who allows her child to contract the disease is usually the type who is negligent about treatment.

Following-up.—There has been no change in the arrangements for observation and securing treatment during the year. Medical re-inspection of defective children takes place approximately six months after routine inspection and the School Nurses visit the homes of children with defects in order to see that the recommended line of treatment is pursued wherever possible. The following figures relate to this work:—

1. *Visits to Schools:*—

(a) Routine Medical Inspection	179
(b) Special verminous inspections	28
(c) Other purposes	1224
	1431

2. *Visits to Homes of Scholars:—*

(a)	Following-up to secure treatment	5616
(b)	Special enquiries into infectious and contagious diseases	1050
(c)	Special enquiries into refusals of dental treatment	2048
(d)	Other purposes	604
		9318

Arrangements for Treatment.

The main heads of the scheme of medical treatment were detailed in the report for 1934 and do not require repetition. The following information may be recorded with regard to the treatment of special defects.

Malnutrition.—The great advance in the treatment of this condition has been the enormous increase in the number of schools with milk schemes following the arrangements which have been made by the Milk Marketing Board for the supply of one-third of a pint of milk daily to each child taking advantage of it at the price of one-halfpenny. Previous to these arrangements only a few schools had milk clubs and the full price of one penny per third of a pint was charged in most cases. At the end of the year milk schemes were in operation at 110 schools and 4,239 children were in receipt of milk. Of these 135 received the milk free of charge to their parents, the cost being met by the Education Committee under the arrangements for the treatment of undernourished children. At the time of writing, this number is steadily increasing. Every effort is made to secure a satisfactory source of supply and the help given by the Organiser of Agricultural Education has been most valuable in this connection. Most of the schools receive the milk in bottles, the children being supplied with straws whereby the milk can be consumed relatively slowly direct from the bottle. This appears to be an attractive way of drinking the milk to the children and considerable numbers of children who have previously expressed a dislike for milk drunk in the ordinary way have readily accepted it in this manner. A few schools in which the numbers of children willing to take milk are very small have received it in bulk, since it must be admitted that it is not a sufficiently remunerative proposition for a producer to purchase the necessary bottles and equipment unless a reasonably large turnover is assured. The difficulty of convincing milk producers that the arrangements are financially advantageous and that of finding suitable producers in all cases have combined to leave a few schools still without a supply.

There can be no question that on balance the increase in the consumption of milk and its free supply to needy children will prove extremely beneficial to the general state of nutrition. Ample evidence abounds as to the benefits derived from an addition of milk to the dietary, especially in cases where it is already defective. It may be questioned whether the middle of the morning is really the best time for its consumption, but there would seem to be no way of eliminating possible disadvantages from this necessity, such as a reduction of appetite for the mid-day meal which undoubtedly occurs in some cases. In the case of children bringing a light mid-day meal to school, this disadvantage does not exist. Probably it would be very beneficial if such children could be induced to take an extra ration of milk with that meal.

One wishes it were possible to say that this disadvantage is the only possible one resulting from the consumption of unboiled milk. While it is probable that an increased consumption of milk increases resistance to diseases in general and thereby nullifies the possible spread of certain diseases by milk, there is no disguising the fact that disease, notably tuberculosis, may be spread in some degree by milk, and it is a pity that measures for a general improvement in the milk supply have not been pushed with the same vigour as have those for increasing its consumption. The following figures show the types of milk supplied in the schools of the County:—

Grade A (Tuberculin Tested)	1
Pasteurised	8
Grade A	56
" Ordinary "	45

With regard to the last classification, it should be said that, though the producers concerned have not seen fit to register as Grade A. producers, special enquiry has been made into their methods and samples of milk are taken from them from time to time. Many of the samples do, in fact, attain Grade A standard.

In addition to the supply of milk to ill-nourished children, the Education Committee has recently approved the supply of a free mid-day meal at those schools where a cooked mid-day meal exists to children in whose case it seems necessary. This is a great advance and the pity is that there are not more schools where the arrangement can be operated.

Though it was felt that malt and oil would seldom be required after the coming into force of the new arrangement for the supply of milk, it is found that there are still cases where its supply is advantageous, particularly of course in those schools where there is no milk.

Ill-nourished children admitted to residential open-air schools numbered 10, making with one in residence at the beginning of the year a total of 165 who have been maintained in such institutions up to the end of 1935.

Uncleanliness.—There are no routine inspections of schools by School Nurses for the discovery of verminous children in this area. Cases are discovered at routine medical inspection and all unclean children are kept under supervision by the nurses in their homes, being brought up for re-examination at each visit of the Assistant School Medical Officer to the school. In addition to this, special visits are made to the schools for complete inspection by the School Nurses where circumstances seem to warrant them.

These circumstances usually consist of the discovery of verminous children by the Head Teacher, or complaint by a parent that her child has become verminous. Exclusion proved necessary for 57 children as compared with 22 in 1934 and all were cleansed without resort to the Courts.

During special surveys by the School Nurses 997 children were examined and 127 showed some degree of uncleanliness. These figures all show a considerable rise over those for 1934, being approximately double and it seems rather significant that when double the number of children is examined, double the number of unclean children is found. This rather suggests that, however well the present system has worked, the institution of routine quarterly verminous inspections by the School Nurses is desirable. This is not to say that the number of verminous children in school would be markedly diminished, but it would constitute a greater protection against the innocent infection of normally clean children and would go some distance towards obviating the complaints on this score which are received from time to time. Possibly so far as figures are concerned, there would be an apparent increase of verminous children.

The difficulty of preventing the occurrence of such conditions is very great and the seldom used legal powers do not make a very great contribution in this direction. It cannot be too strongly emphasised that the matter is often a family one and so long as members of the family not of school age (often the mother herself) are verminous, it is useless to expect permanent cleanliness in the school children. Such families require constant supervision.

The School Nurses undertake this supervision and give considerable assistance in the cleansing of verminous children and in the reduction of infestation to a minimum in the type of family mentioned. Apart from this, however, the Education Committee has no means for cleansing children at its disposal.

Minor Ailments and Diseases of the Skin.—There has been no change in the arrangements detailed in the report for 1934. The absence of minor ailment clinics is often felt to be a difficulty, but, with the possible exception of Soham, there is no village in the County sufficiently large as to justify their establishment. Even the suggestion that clinic arrangements may be established at Senior Schools will only be a partial solution, as it is more frequently the younger children who stand in need of clinic treatment for minor ailments.

Visual Defects.—During the year 222 children were dealt with (258 in 1934) of whom 176 received attention under the Committee's scheme and 46 by private practitioners or otherwise unofficially. Of those who came under the Committee's scheme, 72 (159 in 1934) were dealt with by the Assistant School Medical Officer and 104 (54 in 1934) by Dr. Graham, at Cambridge. Spectacles were prescribed for and received by 202 children, of whom 159 received them with the aid of the Committee. A certain number of children of under school age suffering from squint were also dealt with by the Assistant School Medical Officer. It will be seen that the total figures show a considerable drop as compared with those for 1934 and that, in particular, the numbers dealt with by the Assistant School Medical Officer are much less, while those dealt with by Dr. Graham show a corresponding rise. This is due in part to the fact that, owing to the unfortunate loss of Dr. Gellatly's services, it was not possible to carry on the branch of the work with which she had dealt except in a partial manner after the middle of the year, but the actual fall in the numbers found with visual defects at routine inspections which has already been noted of course played its part.

Nose and Throat Defects.—A total of 52 children were treated for these defects. Of these, 45 received operative treatment, 25 aided by the Local Authority and 20 making their own arrangements. The number receiving operative treatment is twenty more than in 1934, and, in particular, the number aided by the Local Authority is twice that of either 1933 or 1934. In spite of this, the total treated is 28 less than the total for 1934 owing to the large fall in the numbers recorded as having received non-operative treatment. This number cannot be regarded as strictly accurate, however, since it is much more difficult to obtain details about this group than about the operative group.

Dental Treatment.—During 1935, 8,440 children were inspected by the dentist and 2,409 received treatment.

The School Dentist's report (appended) shows that the number of children examined in elementary schools was 194 less than in the previous year. The number inspected in secondary schools was 562, a reduction of 81.

The percentage of children requiring treatment was 54.9, a definite rise over the figure for either of the previous two years. Whether a single figure of this kind has any significance is doubtful.

The percentage of children receiving treatment of those found to require it was 62.9, as against 64.1 per cent. in the previous year. As Mr. Evered points out, this involves a converse rise in the percentage of refusals of 1.2. This is a matter for some regret, but, again, a single figure of this dimension is probably not of much value as a basis for deductions.

Every effort has again been made to lower the percentage of refusals by asking the School Nurse to visit each family concerned. During the year 2,048 visits of this kind were made, and there can be no doubt that they were of great use. In a few cases practically all the refusals were overcome, and in every case some of the parents reversed their attitude as a result of the visits. While a good many of the refusals are a result of ignorant prejudice and others arise from an unwillingness to face the slight trouble which may be involved by the dental treatment of the children, there can be no doubt that a large proportion is caused by the readiness of parents to bow to the wills of their children. Unfortunately this is the case with regard to many things besides dental treatment, and it cannot be too strongly emphasised that its ultimate result is neither the physical well being nor the mental happiness of the child concerned. Wherever it is clear that the refusal is that of the child, it is not accepted, but there are many cases where there is no more than a strong suspicion.

The number of fillings showed an increase of 163 over that of the previous year, and Mr. Evered draws an interesting contrast between the fillings carried out in 1925 and those in 1935.

During the year, no outstanding developments in the dental service came into force, but consideration was given to many important matters and far reaching decisions were taken.

Though the figures showed that the elementary schools of the area were each visited approximately once a year, it seemed clear that this could not be done without undue haste which could not but have its effect on both inspection and treatment. Moreover, it was obvious that the system of inspection and treatment in the secondary schools was extremely incomplete. It was therefore felt that the first step in the improvement of the dental service should be the appointment of a second dental surgeon and the decision to make such an appointment was taken without opposition in either the Education Committee or the County Council. Since the beginning of 1936, Mr. N. G. Clements, L.R.C.P. and S., L.D.S., has actually commenced duty and there can be no doubt that his services will be a real contribution towards the dental welfare of both the elementary and secondary school children in the area.

It had been decided to postpone the appointment of dental attendants till a later date, but the course of events had to be hastened and now two dental attendants have been appointed and have started work. These appointments are only second in importance to that of the second dental surgeon, since, by freeing the dentists from a great measure of routine and relatively unskilled duties, they will enable them to concentrate on the actual attention to the teeth which is so important and which requires meticulous care to be of real value.

The question of the purchase of some form of travelling dental clinic was also under review during the year, but it was felt that this might be shelved for a few months at any rate. It is to be hoped, however, that the necessity for improving the working conditions will not be allowed to slip out of sight since it is clear that the facilities offered at some of the smaller schools are far from being conducive to good work Probably, now that two dentists are at work, a combination of some form of centralisation and a travelling clinic will be found to be most effective.

Before closing the account of the dental services, mention should be made of the propaganda which has been undertaken on behalf of the Education Committee by the Dental Board of the United Kingdom. The Board sent two lecturers who stayed in the County for a week each and visited both elementary and secondary schools giving lectures on dental hygiene illustrated by suitable exhibits. Though the amount of propaganda undertaken is relatively small, it is of great importance since the essence of the whole School Medical Service is prevention and it would be an incomplete scheme which was content to treat defects as they arose without making any effort to prevent their occurrence.

Orthopaedic Treatment.—The arrangements for this branch of the work were detailed in the report for 1934 and need not be repeated. There is no change to report, except that the British Red Cross Society, in conjunction with Addenbrooke's Hospital, have appointed Miss Crowdy to take the place of Miss Adams as Orthopaedic Sister. Miss Adams found it necessary to retire on health grounds, but has found herself able to continue to do some orthopaedic work in the neighbourhood of the county at two clinics not directly under the auspices of the British Red Cross Society. Owing to the illness of Miss Adams and the change of staff at the end of the year, it is not possible to give the detailed figures relating to patients treated which were published in the report for 1934, but reference to Table IV., Group IV., at the end of the report, will give the figures relating to the amount of orthopaedic treatment received by school children so far as they are known. There can be no doubt, however, that they represent a large understatement of the position. The British Red Cross Society is now supplying the figures quarterly and they will be published as before in the report for 1936.

Besides the information to be gleaned from these figures, it may be said that 6 children were assisted to obtain surgical appliances by the Education Committee (one on three occasions and one twice during the year) one child was maintained at the Heritage Craft Schools, Chailey, Sussex and 4 children of school age were given treatment at appropriate institutions for tuberculosis of bones and joints, under the Public Health Committee's Scheme, for the treatment of tuberculosis, 1 being a new admission and 1 remaining in an institution at the end of the year.

Tuberculosis.—The following are the figures relating to the treatment of this disease in children for the year 1935.

Admitted during 1935:

	Boys.	*Girls.*	*Total.*
Lungs and Thoracic Glands	—	1	1
Bronchial Glands	—	—	—
Cervical Glands	2	2	4
Hip Joint	—	1	1
Total ...	2	4	6

Remaining on January 1st, 1936:

	Boys.	*Girls.*	*Total.*
Lungs	—	1	1
Hip Joint	1	1	2
Cervical Glands	2	2	4
Total ...	3	4	7

The numbers represent slight increases on those for 1934, but even so, they are very small and reflect the great improvement there has been in recent years in the incidence of these conditions. Although a different outlook as to the diagnosis of pulmonary conditions obtains, this is not so to any marked extent with regard to non-pulmonary conditions and the figures for these can on the whole be taken to represent real improvement.

Other Defects Treated.—Of 77 letters of introduction given to Addenbrooke's Hospital, 25 were for tonsils and adenoids, 2 for ringworm of the scalp, 7 for ear disease, 5 for external eye disease, 2 for defective vision, 6 for dental treatment, 8 for orthopaedic conditions and 22 for other conditions.

Neglect.—During the year 26 children in 13 families were referred to the N.S.P.C.C., in 5 cases for uncleanliness and general neglect, in 2 for verminous heads and ringworm, in 2 for failure to obtain treatment for defective vision, in 1 for failure to deal with enlarged tonsils and adenoids, in 1 for failure to obtain treatment for septic teeth, in 1 for failing to provide extra milk considered to be necessary and in 1 for neglecting to cause a child to wear glasses regularly.

The Education Committee, as usual, subscribed to the funds of the Society.

Infectious Diseases.

The following table shows the number of schools from which notifications of infectious disease were received through Head Teachers during the year:—

Diphtheria	1
Scarlet Fever	34
Measles	35
Whooping Cough	17
Chicken Pox	28
Mumps	15
German Measles	3

During the year the School Medical Officer furnished 89 certificates for purposes of calculation of attendance where the Head Teacher had notified its reduction below 60 per cent. for a week, owing to infection, the special grounds first being verified in all cases. Special visits were paid to schools by the School Medical Staff on 13 occasions for enquiry and preventive measures, 10 being for scarlet fever, 2 for diphtheria and 1 for measles. As is usual nowadays, the number of school closures was small, there having been only four schools closed during the year, two for measles, one for epidemic catarrh and one for influenza. No schools were closed by or at the instance of the local sanitary authority. There can be no question that generally speaking the plan of school closure is quite ineffective in checking the spead of infectious disease, but it should be realised that the increase in centralisation may necessitate a revision of the policy which has obtained of recent years. If infectious disease breaks out in one village, the contact of children from that village with children from other villages in central schools might cause spread from one village to another, and early closure of the school might prevent this. To be of any effect, however, the closure must take place at the onset of the outbreak and would be quite ineffective when it had been in progress any length of time.

Scarlet fever was again unduly prevalent during the year and it was seldom that a week went by without the receipt of notifications of this disease. In spite of this, however, there was rarely anything in the nature of an outbreak in any particular village. The cases appeared to occur sporadically in different parts of the County and there was no evidence that school attendance was any great factor in the spread of the disease. On the other hand there was little doubt that many mild cases went unrecognised and probably these and a certain number of streptococcal carriers were responsible for keeping the disease alive.

Once again a favourable position as to the incidence of diphtheria has to be noted. There have been very few cases indeed and certainly there has been no epidemic, in spite of the fact that large numbers of cases have existed in counties not far removed. No positive explanation of this can be advanced. The outbreak of epidemics of diphtheria is probably connected in some way with the ratio between the number of virulent carriers and the number of susceptible individuals in the population at risk. There is no reason to suppose that the proportion of carriers in Cambridgeshire is less than that elsewhere, so that presumably there must be some factor producing immunity. What this factor may be cannot be conjectured, but it is certainly not the recent occurrence of an epidemic which is one possible cause. While the actual absence of the disease is cause for satisfaction, it does probably indicate that if and when an epidemic does arrive, it will be no small one. It involves the existence of large numbers of individuals not protected by previous attacks, and, once the balance between incidence and immunity has been upset, there would be a large amount of inflammable material among which the flames of the disease could spread.

This is one reason for urging the advisability of measures for active immunisation against it, for by their help there is no question that a largely immune population could be built up. It is an undoubted fact that most individuals can be rendered insusceptible to diphtheria by modern methods, and it is all the more necessary that these should be widely carried out in non-epidemic times because unfortunately immunity does not immediately follow the process usually adopted, but takes some two months to develop. This means that an outbreak cannot be immediately controlled by its use, as can an outbreak of small-pox by vaccination, and the only sound policy is to urge its adoption when no epidemic exists. Unfortunately, however, the public is slow to take any trouble to prevent infectious disease not actually at its door, and only too insistent on the adoption of futile measures when it is in full swing.

The number of schools affected by measles is much the same as in the previous year, but there has been a considerable reduction in the number affected by whooping cough. In these diseases, also, outbreaks are largely conditioned by the number of susceptibles in the population and a low incidence in one year is apt to be followed by a high one the next. Much help in mitigating the evil effects of both of these diseases is given by the School Nurses, who in the course of their visits for reports on cases notified have an unrivalled opportunity for giving advice on the management of the cases.

Provision of Meals.

There has, unfortunately, been no increase in the number of schools where a hot mid-day meal is obtainable by the children who have to remain at school all day, but the five schools where facilities do exist have continued to cater for the needs of the children in this way. Not only has this a very beneficial effect on their nutrition, but its educational value is considerable. It inculcates instincts of sociability, develops good manners and draws attention to the value of a regular well prepared meal, besides which it instils the idea that such a meal should be a part of the daily routine throughout life.

The following notes furnished by Head Teachers give some account of the arrangements in the five individual schools concerned.

Bassingbourn Council School.—" From October, 1935, to March, 1936, 4,400 dinners were served to a maximum of 50 and an average of 37 children. A reduced scale of charges has been introduced for the younger children, infants paying 2d. and Standard I. 2½d. per meal, instead of 3d. Reductions are also made where there are several in one family. There are only three families staying at mid-day who are not taking the hot dinner, and it is hoped that with assistance these will be able to take the dinner next winter."

Burwell Senior Council School.—" As in previous years, hot meals are served daily from the beginning of October until the end of March. The work of supervision is undertaken by the Cookery Mistress and the actual work of cooking is done by a rota of four girls who also assist the staff in the work of serving the meals. The numbers have been maintained and about 60 per cent. of the children who are obliged to remain on the school premises during the mid-day recess take the meals. During the first term about 35 and after Christmas an average of about 25 participate. A daily charge of 2½d. covers the cost."

Isleham C. of E. School.—" A two-course hot meal has again been provided during the cold weather for 2d. Owing to a shortage of vegetables due to the bad season, these have not been so easily obtained free from parents as in previous years, and have had to be bought. In spite of this, a fair profit has been made. The girls arrange a varied menu, buy and pay for goods, cook, dish up and serve the meal to an average of 16 children, and present a balance sheet at the end of each week."

Sawston Senior School.—" The number of children taking the school dinner continues to increase; more are regularly taking advantage of the scheme than ever before. On one day during the Spring term the total reached 150, which is considerably above any previous figure. The amount of food provided is greater than formerly, and this fact has naturally been one cause of the increased popularity of the meal. But there has been a corresponding increase in cost, and this, coupled with a bad gardening season last year, would have made it impossible to make the scheme pay without assistance from the Education Committee. On one day every week, fish is served; this is the only important change in the scheme "

Fordham C. of E. School.—" The mid-day meal provided at the school during the winter months has appealed to a greater number of children, probably due to the reduction of the charge to 1s. per week. Two senior girls take turns in preparing the meal, another keeps the accounts and a member of the staff supervises. All the Snailwell children, with one exception, now take advantage of the meal."

The assistance by the Education Committee referred to in the notes from Sawston is the purchase of initial equipment and the payment of an annual sum not exceeding the wages of the cook.

Reference has already been made in the section on treatment of malnutrition to the resolution of the Education Committee authorising the provision of a mid-day meal free of charge to children who are undernourished, but the importance of this facility may again be emphasised.

Milk Meals.—A fairly full account of the arrangements relating to the provision of milk in schools has been given both in the report for 1934 and the section on the treatment of malnutrition in this report. Little would be gained by its repetition.

Co-operation.

Once again it is a pleasure to record the great help which has been received by the co-operation of voluntary bodies, both local and national. While it is difficult to mention every source from which assistance in carrying out the work of the School Medical Service is received, special reference may be made to the County Nursing Association and the District Nursing Associations, the County Branch of the British Red Cross Society, the Cambridge and District Central Aid Society, Addenbrooke's Hospital, the National Society for the Prevention of Cruelty to Children, Dr. Barnardo's Homes, the Invalid Children's Aid Association and the Ogilvie Trust. In some cases the Education Committee acknowledges its indebtedness to the bodies concerned by the payment of annual grants and in others makes payment for individual services rendered, but this does not affect the fact that in all cases ungrudging help is always accorded in those cases where it is appropriate.

Acknowledgment is also made of the unfailing co-operation of Head Teachers, without whose help much of the force of the School Medical Service would be lost. It is realised how much time they are called upon to give to what may be called the extra-educational side of their work, but it is seldom that any reluctance to shoulder the extra responsibilities involved is encountered. The School Medical Service owes a debt of deep gratitude to them for their assistance.

Co-operation between the Education Department and Public Health Department is complete and is much appreciated, while other departments of the County Council render valued assistance from time to time.

Blind, Deaf, Defective and Epileptic Children.

Details regarding exceptional children in the area will be found in Table III. at the end of this report. During the year 10 children were sent to open-air schools and 2 to special schools for the mentally defective.

The year's record of children maintained in institutions is as follows:—

	Mentally Defective.	*Epileptic.*	*Deaf.*	*Blind.*	*Physically Defective.*
Remaining Dec. 31st, 1934	4	—	7	3	2
Admitted in 1935 ...	2	—	—	—	10
Discharged in 1935	1	—	2	—	8
Remaining Dec. 31st, 1935	5	—	5	3	4

The children noted in the Physically Defective column were in open-air schools with the exception of one cripple child (still in institution).

The arrangements for dealing with the various types of defective children were described in the report for 1934 and there is no change to record.

Mental Deficiency.—Fourteen cases of mental defect were brought to the notice of the Education Committee during the year. Of these four were for purposes of ascertainment and record only, seven were notified to the Mental Deficiency Committee as ineducable in a special school or class, one was notified to the Mental Deficiency Committee as being in need of further care on leaving a special school at the age of 16 and two were recommended for admission to special schools. All the cases notified to the Mental Deficiency Committee were ultimately placed under Statutory Supervision.

The two children approved for admission to special schools were duly admitted to the Royal Eastern Counties Institution, Colchester, and there were at that special school at the end of the year five feeble-minded children from the area.

The boy who left the special school at the age of 16, and was notified to the Mental Deficiency Committee, returned to the care of the foster mother with whom he had been previous to admission. He secured work at a tin factory and appears to be doing quite well.

The education of feeble-minded children remains somewhat of a difficulty owing to the fact that all special school accommodation must be of a residential character, entailing an expense which can only be undertaken where there are special circumstances calling for it, such as poor home surroundings or a vicious tendency on the part of the child. The result is that many children have to remain in elementary schools who can derive no real benefit from the education provided there, the only alternative being exclusion from school with all the consequences of purposeless idleness. The grouped school system may provide a partial solution in that it will enable special classes for such children to be instituted in the larger schools, but this will only effect the children of over the age of 11 and special education should preferably commence before that age.

Medical Inspection in Secondary and Technical Schools.

All candidates to whom County Minor Scholarships and Free Studentships at the Technical School had been awarded were examined, the numbers being as follows:—

	Boys.	*Girls.*
Cambridge and County High School for Boys	41	—
Cambridge and County High School for Girls	—	34
Soham Grammar School	12	—
Ely High School	—	7
Perse Schools	10	1
Cambridgeshire Technical School	17	23
...	80	65

All candidates were considered fit on health grounds to hold their scholarships, except that special consideration of the case of one girl suffering from deafness of considerable degree was necessary. She was allowed to hold her scholarship for one year in the first instance, consideration to its continuance being given in the light of the progress made during that period.

Of 20 candidates with defective sight, 18 were already wearing suitable spectacles and 2 have since had glasses provided privately.

Dental treatment was found to be required by 19 candidates. For 9 of these, treatment was completed by the County School Dentist and 10 received it through other channels.

Apart from those whose defects have been treated, and in addition to the deaf child, periodic re-inspection will be required by 11 pupils on account of defective sight, 3 for nose, throat and ear, 1 for postural defect and 5 for general conditions.

Besides the examination of scholarship candidates, routine medical inspection was also carried out at all the secondary schools of the area during the year. The groups examined were entrants, intermediates and all attaining the age of 16 during the year or over the age of 16, whether known definitely to be about to leave or not. The scholarship entrants were, naturally, not examined again when the routine examinations took place, the entrants examined being fee payers only, but the examination of the other groups was carried out universally as between scholarship holders and fee payers. It will therefore be seen that the examinations at the secondary schools were more complete than they have been in any previous year and corresponded roughly to the examinations carried out in the elementary schools, except that the age of leavers was more advanced than that of the elementary school leavers and a much larger group has to be classified as leavers owing to the uncertainty of the actual leaving age. The age of the intermediate group was 13-14.

The total number inspected in the Secondary Schools was as follows:—

	Male.	*Female.*
County High School for Boys	282	—
County High School for Girls	—	223
Soham Grammar School	93	—
Technical School	89	66
	464	289

Excluding scholarship entrants, the principal defects detected among the 753 pupils examined were as follows:—

	Male.	*Female.*	*Total.*
Subnormal Nutrition	35	5	40
Nose and Throat Defects:			
For observation	56	21	77
For treatment	8	2	10
Defective vision:			
For observation	94	70	164
For treatment	57	23	80
Defective hearing	12	6	18
Orthopaedic	12	6	18
Circulatory	8	3	11
Other conditions	12	10	22

The condition as to nutrition noted was as follows:—

	Boys.	*Girls.*	*Total.*
Nutrition A	78	143	221
Nutrition B	351	141	492
Nutrition C	35	5	40
Nutrition D.	—	—	—

The percentage of under nutrition was 5.3 which is 2 per cent in excess of the amount noted in 1934. The explanation may, of course, be the same as that advanced for the rise in the case of elementary school children, namely the increasing attention paid to the condition and the new method of classification involving the existence of Group C denoting slightly subnormal nutrition.

A very striking fact, however, is the large discrepancy between the amounts of malnutrition among boys and girls. The percentage for boys is 7.5 and that for girls is only 1.7. Moreover it will be noted that the number of girls placed in the category " Nutrition A " is very much greater than the number of boys. Unfortunately in the present instance, the examination of the boys and that of the girls were carried out by different observers, so that some allowance must be made for the varying standards referred to earlier in the report. It seems unlikely, nevertheless, that so large a variation can be explained in this way and it may be that the greater attention to physical training which has hitherto been given in the girls' schools has some bearing on the matter. In addition to this girls tend to develop and assume adult proportions at an earlier age than boys, so that possibly if the same groups of childen were compared again at later ages, a smaller difference would be found to exist.

The fact that there are no children at all in Secondary Schools classified as " Nutrition D " is a point of some importance.

Many of the children noted for both observation and treatment for defective vision were already wearing glasses. In the case of those noted for treatment it was considered that a change of glasses might be beneficial.

In addition to the foregoing routine examinations, 59 boys and 42 girls were re-examined because of defects previously noted. Of these it was found that 16 should be advised to have further treatment for defective vision, 5 for under nutrition, 4 for dental caries and 2 for nose and throat defects. Included in this list is the case of a boy who required treatment for three separate defects, namely under nutrition, dental caries and defective vision.

One special case only was presented in the Secondary Schools, a girl suffering from defective vision.

Dental inspection was carried out by the County School Dentist, those inspected being all entrants and all those who had been inspected in previous years, whether scholarship holders or fee payers. This arrangement involves a gradually increasing number to be inspected and treated each year at each school, but owing to lack of time it was not possible to carry out an inspection at the County High School for Girls during the year. Now that a second dental surgeon has been appointed, however, it is intended that all Secondary School children shall be inspected annually in the same manner as the work is carried out in Elementary Schools.

The figures relating to 1934 are:—

	Inspected.	*Required Treatment.*	*Received Treatment.*
County High School for Boys	198	56	47
Soham Grammar School ...	92	31	20
Cambs. Technical School	272	55	20

Payments by Parents.

There has been no change to record during the year under review under this head.

Health Education.

Apart from the visits of the Dental Board's lecturers to the schools which have been mentioned earlier in the report and the visits of the Assistant Superintendent of the County Nursing Association to Sawston Senior School to give lectures on mothercraft, which continued as in previous years, there has been no outstanding activity under this head during the year.

It should not be forgotten, however, that much of the routine work of the School Medical Service represents educational work of the highest value. The "follow-up" visits of School Nurses and their visits in connection with infectious disease have special worth in this way and the issue of leaflets on various infectious diseases, personal cleanliness and care of the teeth from the Public Health Department have also considerable educational influence. In addition talks given by members of the Public Health Staff to Infant Welfare Centres, nurses and others must be reckoned as educational activities, though not directly connected with the schools. The great drawback to most of the out-of-school educational work in public health, however, is that it rarely reaches the people for whom it is intended. Lectures and talks given to people who are already closely acquainted with the subject in hand, while not entirely valueless, do little to further the wholesale spread of public health principles.

Miscellaneous.

Special reports have been furnished regarding the fitness of teachers for duty, and medical certificates furnished by 63 teachers on appointment have been advised upon. A large number of reports have also been furnished on the fitness of children for school attendance.

It would be quite out of place to close this report without making further reference to the regrettable loss which the County suffered by the unexpected death of Dr. Gellatly, the late Assistant School Medical Officer, who had always displayed so keen an interest in the school medical service and had ever the welfare of the children at heart. Her extensive knowledge was particularly valuable at a time when a change in School Medical Officers had to be made and full acknowledgement must be accorded of the ready help which she rendered in this connection as well as of the great assistance which she had given to the service throughout the years of her work in the area.

Special acknowledgement is also due to Dr. Frank Robinson who so kindly filled the gap in the service which was left by her decease. He readily stepped into the breach under what might well have been, to him, difficult circumstances and it is a pleasure to pay tribute to him not only for this assistance, but in addition for the valuable help which he gave in maintaining the continuity of the service following his retirement earlier in the year.

Thanks are due to the School Dentist, Mr. Evered, for his report and statistics relating to dental inspection and treatment, to Dr. Paton Philip, the Tuberculosis Officer, who has at all times so cordially co-operated by the examination of, and report upon, children suffering from suspected tuberculosis and related conditions, and to the clerical staff of the Public Health and Education Departments for much help in connection with the compilation of the report.

R. FRENCH,
School Medical Officer.

Shire Hall,
Cambridge.
April, 1936.

Dental Inspection and Treatment.

Annual Report by Mr. J. C. C. Evered, L.D.S. (Edin.),
County School Dentist.

During 1935, children aged 5-14 were dealt with in the larger schools, but in those schools where the numbers on the register are below 60, the whole were dealt with, children under 5 years thus being included.

The year's work is set out in detail in the statistical tables appended to the School Medical Officer's report, but certain information may usefully be stated here in tabular form.

1. *Schools dealt with:*

A.	Schools inspected and treated	114
B.	Schools inspected only	21
C.	Total schools visited (A + B)	135

2. *Children dealt with:*

A.	In schools inspected and treated	7081
	Required no treatment	3254
	Required treatment	3827
	Received treatment	2409
	Refused treatment	1418
	Temporary teeth extracted	3936
	Permanent teeth extracted	502
	Fillings	1985
B.	In schools inspected only	1359
	Required no treatment	553
	Required treatment	806
C.	In total schools visited (A + B)	8440
	Required no treatment	3807
	Required treatment	4633
D.	Special cases	127
	Temporary teeth extracted	372
	Permanent teeth extracted	16
	Fillings	84

Of 8,440 children who underwent routine dental inspection 3,807 or 45.1 per cent. required no treatment, while 4.633 or 54.9 per cent. did require it, being 4.2 per cent. higher than last year.

In schools both inspected and treated duirng the year, of those 3,827 children requiring treatment, 62.9 per cent. received it the parents refusing treatment for the remaining 37.1 per cent., an increase of 1.2 per cent. on last year's refusals.

The numbers of temporary and permanent teeth extracted were 3,936 and 502 respectively, and 1.985 fillings were done. Of the children inspected and treated, 4.249 or 60 per cent. were found to have clean mouths, while pus was noted to be present in the mouths of 2,832 or 40 per cent.

Children to the number of 127 were treated as special cases either being brought specially to my notice or coming forward voluntarily for treatment. For these children 372 temporary and 16 permanent teeth were extracted and 84 were filled.

Including both routine and special cases, the total number who received treatment during the year was 2,536. The numbers of temporary and permanent teeth extracted were respectively 4,308 and 518, while 2,069 fillings were done, and minor operations, scalings, etc., amounted to 175.

In compiling the above statistics, all children from the ages 5-14 are included, and are inspected during the whole of their school life, irrespective of how many times they may have refused treatment.

Some school dentists do not inspect children after they have refused treatment two or three times, and consequently these children become void or dead as regards statistics. This in my opinion does not give a true result of the inspection and treatment of the school population dealt with.

It will also be noticed that out of the 125 schools in the County, 114 were inspected and treated, leaving 11 schools which had no treatment at all, but at which inspection only was carried out. The treatment of these schools will be done in the early part of 1936.

With regard to fillings, the opposition of parents is dying down rapidly as will be noticed by the following figures.

			Fillings.
1925	Received treatment ...	2199	869
1935	Received treatment ...	2409	1985

Although there were only 310 more children treated in 1935 than in 1925, there were 1,116 more fillings done.

I must again record my thanks to the teaching staff for the very cordial and valuable help they continue to give me in my work, and I have noticed a marked reduction in the number of refusals in those schools where the teachers make a point of talking to the children about the importance of good teeth. Also to the nursing staff I tender my thanks for the whole hearted help given to me in the schools, and also in interviewing the parents of children for whom treatment has been refused.

J. C. G. EVERED.

TABLE II.

A.—Return of defects found in the course of Medical Inspection in 1935.

Defect or Disease. (1)		Routine Inspections		Special Inspections	
		Number referred for Treatment. (2)	Number requiring to be kept under observation, but not referred for Treatment. (3)	Number referred for Treatment. (4)	Number requiring to be kept under observation, but not referred for Treatment. (5)
Skin.	Ringworm:				
	Head	—	—	—	—
	Body	—	—	3	1
	Scabies	—	—	—	—
	Impetigo	5	3	5	1
	Other Diseases (Non-Tubercular)	1	34	1	8
Eye.	Blepharitis	1	8	—	—
	Conjunctivitis	1	12	—	3
	Keratitis	—	—	—	1
	Corneal Opacities	-	—	3	—
	Other conditions	4	11	—	3
	Defective Vision	62	115	14	10
	Squint	8	23	1	1
Ear.	Defective Hearing	1	9	1	1
	Otitis Media	—	—	—	2
	Other Ear Diseases	3	17	1	4
Nose and Throat.	Enlarged Tonsils only ...	3	119	3	5
	Adenoids only	1	—	—	—
	Enlarged Tonsils & Adenoids ...	5	2	2	2
	Other conditions	25	54	4	8
Enlarged Cervical Glands (Non-Tubercular)		1	52	—	4
Defective Speech		1	13	—	—
Heart and Circulation.	Heart Disease:				
	Organic	—	2	—	—
	Functional	—	24	2	—
	Anæmia	2	9	2	3

Defect or Disease. (1)		Routine Inspections		Special Inspections.	
		Number referred for Treatment. (2)	Number requiring to be kept under observation, but not referred for Treatment. (3)	Number referred for Treatment. (4)	Number requiring to be kept under observation, but not referred for Treatment. (5)
Lungs.	Bronchitis	1	5	1	—
	Other Non-Tubercular Diseases	4	27	4	7
Tuberculosis.	Pulmonary:				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-pulmonary:				
	Glands	—	4	—	—
	Other Bones and Joints ...	2	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System.	Epilepsy	—	3	—	—
	Chorea	—	1	—	—
	Other Conditions	—	15	—	3
Deformities.	Rickets	4	16	—	1
	Spinal Curvature	—	—	—	—
	Other Forms	4	16	1	—
Other Defects and Diseases		20	356	12	44
	Total	159	950	60	112

TABLE 11.

B.—Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	878	105	11.96	685	78.02	85	9.68	3	.34
Second Age-group	969	67	6.91	794	81.94	106	10.94	2	.21
Third Age-group	848	82	9.67	719	84.79	44	5.19	3	.35
Other Routine Inspections	133	13	9.77	116	87.22	4	3.01	—	—
Total	2828	267	9.44	2314	81.83	239	8.45	8	.28

TABLE I. Medical Inspections of Children Attending Public Elementary Schools.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	878
Intermediates	969
Leavers	848
Total	2695
Number of other Routine Inspections	133
Grand Total	2828

B.—OTHER INSPECTIONS.

Number of Special Inspections	201
Number of Re-Inspections	5273
Total	5474

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Prescribed Groups:

Entrants	58
Intermediates	52
Leavers	30
Total (Prescribed Groups)	140
Other Routine Inspections	9
Grand Total	149

TABLE III.—Return of all Exceptional Children in the Area.

Blind Children.

At Certified Schools for the Blind	1
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	—
Total	1

Partially Sighted Children.

At Certified Schools for the Blind	2
At Certified Schools for the Partially Sighted	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	1
Total	3

Deaf Children.

At Certified Schools for the Deaf	4
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	1
Total	5

Partially Deaf Children.

At Certified Schools for the Deaf	1
At Certified Schools for the Partially Deaf	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	—
Total	1

Mentally Defective Children (feeble-minded).

At Certified Schools for Mentally Defective Children	5
At Public Elementary Schools	33
At other Institutions	—
At no School or Institution	4
Total	42

Epileptic Children (severe).

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	5
Total	5

Physically Defective Children.

(a) Tuberculous Children.

(i) Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools	2
At Public Elementary Schools	6
At other Institutions	—
At no School or Institution	—
Total	8

(ii) Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	6
At Public Elementary Schools	15
At other Institutions	—
At no School or Institution	2
Total	23

(b) Delicate Children.

At Certified Special Schools	3
At Public Elementary Schools	12
At other Institutions	—
At no School or Institution	2
Total	17

(c) Crippled Children.

At Certified Special Schools	1
At Public Elementary Schools	14
At other Institutions	—
At no School or Institution	—
Total	15

(d) Children with Heart Disease.

At Certified Special Schools	—
At Public Elementary Schools	2
At other Institutions	—
At no School or Institution	3
Total	5

Children Suffering from Multiple Defects.

Mental Deficiency and Epilepsy.

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	3
Total	3

Mental Deficiency, Partially Blind and Heart.

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	1
Total	1

TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1935.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	—	—	—
X-Ray Treatment ...	2	—	2
Other Treatment ...	—	2	2
Ringworm—Body	—	15	15
Scabies	—	2	2
Impetigo	—	89	89
Other Skin Disease ...	—	4	4
Minor Eye Defects— (External and other, but excluding cases falling in Group II)	8	15	23
Minor Ear Defects	6	11	17
Miscellaneous— (*e.g.*, Minor Injuries, bruises, sores, chilblains, etc.) ...	—	64	64
Total	16	202	218

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of Defects Dealt with. Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)
Errors of Refraction (including Squint)	176	43	219
Other Defect or Disease of the eyes (excluding those recorded in Group I)	—	3	3
Total ...	176	46	222

Number of children for whom spectacles were prescribed:—

(a)	Under the Authority's Scheme	159
(b)	Otherwise	43
	Total ...	202

Total number of children who obtained or received spectacles:—

(a)	Under the Authority's Scheme	158
(b)	Otherwise	43
	Total ...	201

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other Forms of Treatment. (4)	Total Number Treated. (5)
Under Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
11	3	7	4	12	—	8	—	23	3	15	4	7	52

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of Children treated under the Authority's Scheme.

Residential treatment with education	1
Residential treatment without education	—
Non-residential treatment at an orthopaedic clinic ...	14

Number of Children treated otherwise.

Residential treatment with education	—
Non-residential treatment at an orthopaedic clinic ...	9
Total number treated	24

Table V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist:—			
(a) Routine Age Groups ...	5 ...	668	
	6 ...	718	
	7 ...	731	
	8 ...	839	
	9 ...	764	
	10 ...	813	
	11 ...	795	
	12 ...	818	
	13 ...	828	
	14 ...	107	
			7081
(b) Specials			127
(c) Total (Routine and Specials).			7208
(2) Number found to require treatment			3827
(3) Number actually treated			2409
(4) Attendances made by children for treatment			2409
(5) Half-days devoted to (Inspection 130) (Treatment 239) Total ...			369
(6) Fillings (Permanent Teeth 1729) (Temporary Teeth 256) Total			1985
(7) Extractions (Permanent Teeth 502) (Temporary Teeth 3936) Total			4438
(8) Administration of general anaesthetics for extractions ...			Nil.
(9) Other operations (Permanent Teeth 15) (Temporary Teeth 297) Total ...			312

Table VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	—
(ii.) Total number of examinations of children in the Schools by School Nurses	997
(iii.) Number of *individual* children found unclean	127
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(v.) Number of cases in which legal proceedings were taken:	
(a) Under the Education Act, 1921	Nil.
(b) Under School Attendance Byelaws	Nil.